



Authority for another party to act on your behalf

Your Details (If you are completing this form on behalf of a dependant who is younger than 16 years, please provide their details below)

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Policy/Scheme Number	<input type="text"/>
Member Number (Corporate policies only)	<input type="text"/>
Name of the Policyholder/ Company Name	<input type="text"/>

At Aviva, we are aware that some circumstances may mean that you need to ask someone else to help you manage your policy, make a claim and/or update an existing claim.

So that we can protect your personal information and comply with data protection rules, we need your permission to be able to discuss your policy and claims with, and take instructions from, another person ("your authorised person").

If you would like someone else to help you with policy administration and/or claims, please complete the section below.

These are some things your authorised person could do on your behalf. This is not a complete list.

Policy administration:

Change your name and/or address.

- Ask us about your level of cover and benefit options.
- **For individual policyholders only** (not corporate policyholders): change your level of cover, change your benefit options, change your premium payment options, and cancel your policy.

Claims:

- Make a claim on your behalf.
- Provide us with updates or information about an existing claim.
- Make decisions about an existing claim.

Please note: If you give permission for Aviva to discuss your policy and claims with your authorised person, this means that Aviva may discuss your sensitive medical information with your authorised person.

The permission you give for your authorised person will last for the duration of your policy, unless you tell us you want it to end on a particular date or you withdraw this permission. You can change or withdraw this permission at any time by calling us on 0800 158 3333. Calls to and from Aviva may be monitored and/or recorded. Even if you have an authorised person, sometimes we may need to check information or instructions provided by your authorised person with you.

Details of your authorised person:

Title

First Name

Last Name

Date of Birth

Relationship to you **(If you are completing this form on behalf of a dependant who is younger than 16 years, please provide their relationship to the authorised person)**

Email address

Contact number

What are you giving permission for? (Please select Yes/No)

- Policy administration Yes ☐ No ☐
- Claims Yes ☐ No ☐
- Would you like to restrict this permission to a specific claim? (Please select Yes/No) Yes ☐ No ☐

If yes, please provide the Claim Reference number:
(e.g 123456/78)

Would you like this permission to end on a particular date? (Please select Yes/No)

Yes ☐ No ☐

If yes, please provide the date for when you would like this permission to end:

Signature:

Date:

Name:

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